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DEC 15 2009

PIERCE COUNTY REPORT OF INCIDENT OR UNSAFE CONDITION

(Do NOT use to report County-owned VEHICLE damage OR County EMPLOYEE INJURIES)

Department <u>PW - Road Ops</u>		Your Department's Risk Management BARS Code: <u>150.200.6200.54290.46.0030</u>	
Employee Completing Report	Employee Name <u>John Hoppe</u>		
	Division, Section, Etc. <u>Public works & utilities Road</u>		
	Work Address <u>15422 66 AVE E</u>	Work Phone <u>253-798-6000</u>	
Person Injured/Involved in the Accident or Incident	Name _____ Age _____		
	Home Address _____		Home Phone _____
	Occupation _____		
	Employed By: _____		Work Phone _____
	What was the involved person doing at the time of accident or incident? _____		
Date, Time and Place	Date <u>12-2-09</u>	Time <u>1 pm</u>	A.M. <input type="checkbox"/> P.M. <input checked="" type="checkbox"/>
	Location <u>15422 66 AVE E</u>		
The Injury	Nature and extent of injury _____		
	Where was injured taken after accident? _____		Name of Doctor _____
	Why was injured on premises? _____		
Property Damage or Theft of Property	Owner's Name <u>Quest</u>		Home Phone _____
	Address _____		
	List damage: <u>Phone line (Single line) laying in ditch, not buried was broken by backhoe.</u>		
Description of Accident, Incident or Unsafe Condition	(Attach additional sheets if necessary.)		
	<u>While operating backhoe equipment, I was cleaning approx. 2" of debris from existing did not see phone line. It got pulled with backhoe bucket and broke.</u>		
	Locates Required? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Locate #: _____		
Describe 1st Aid: _____		PARKS - Did person resume skating? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Witnesses	Name <u>Jeff Skoda</u>	Address _____	Wk Phone <u>253-798-6000</u> Hm Phone _____
	Name _____	Address _____	Wk Phone _____ Hm Phone _____
	Date, location and badge # or name of police authority to whom incident was reported: _____		
Date <u>12-11-09</u>	Signature of Employee <u>John D. Hoppe</u>		Signature of Department or Agency Head <u>[Signature]</u>

Return completed form to:

PIERCE COUNTY RISK MANAGEMENT
955 Tacoma Avenue South, Suite 303
Tacoma, WA 98402





